



August 31, 2015

Via <http://apps.fcc.gov/ecfs>

Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Room TW-A325
Washington, DC 20554

RE: Lifeline and Link Up Reform and Modernization, Telecommunications Carriers Eligible for Universal Service Support, Connect America Fund Proposed Rule (47 CFR Part 54 – [WC Docket Nos. 11–42, 09–197, 10–90; FCC 15–71])

Dear Commissioners:

Centene Corporation welcomes the opportunity to comment on the FCC's proposed rule regarding the FCC-regulated Lifeline program, as published in the Federal Register (FR Vol. 80, No. 137 – July 17, 2015, Pages 42670-42705). Specifically, our comments address the impact on Medicaid recipients if they could no longer qualify for Lifeline phone support through the Medicaid program.

Centene Corporation (Centene), a Fortune 500 company, is a diversified, multi-national healthcare enterprise that provides a portfolio of services to government-sponsored healthcare programs, focusing on under-insured and uninsured individuals. Founded as a single health plan in 1984, Centene has established itself as a national leader in the healthcare services field. We work with over 4.4 million members across 23 states. Many receive benefits provided under Medicaid, including the State Children's Health Insurance Program (CHIP), as well as Aged, Blind or Disabled (ABD), Foster Care and Long Term Care (LTC), in addition to other state-sponsored/hybrid programs and Medicare (Special Needs Plans).

The Company operates local health plans and offers a range of health insurance solutions, including operating in the state and federal Marketplace through the Ambetter brand. It also contracts with other healthcare and commercial organizations to provide specialty services including behavioral health management, care management software, correctional healthcare services, dental benefits management, in-home health services, life and health management, managed vision, pharmacy benefits management, specialty pharmacy and telehealth services.

Centene's comments focus on Question 107 (page 42685): "What would be the impact on Medicaid recipients if households could no longer qualify for Lifeline support through Medicaid?"

Centene is opposed to any proposal that would remove or replace Medicaid as a qualifying program for Lifeline. Currently, over 240,000 Centene health plan members have access to these Lifeline phones. The draft regulation's proposal would result in some Centene members losing eligibility for their phones.

We say this because people currently qualify for Lifeline support under Medicaid at poverty eligibility threshold levels higher than under other current qualifying programs, such as SNAP (Supplemental Nutrition Assistance Program). For example:

- 1) States that have expanded Medicaid eligibility beyond the income level at which households qualify for SNAP (130% of FPL – this would include all 29 states that expanded to 133% FPL under the Affordable Care Act and certain waiver states);
- 2) States whose Medicaid programs cover pregnant mothers at higher than 130% (currently, all states and the District of Columbia);
- 3) States that cover children and other special populations through Medicaid at higher than 130%; and
- 4) Differing methodologies for determining income eligibility between Medicaid and programs such as SNAP also may complicate the ability of currently eligible Medicaid members to qualify for Lifeline.

To illustrate our point, we refer you to a graphic compiled by the Henry J. Kaiser Family Foundation that shows income levels for Medicaid coverage of pregnant women (<http://kff.org/medicaid/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-2003-2015/#table>). Similarly, this Kaiser graphic shows states with expanded Medicaid eligibility as a result of ACA (<http://kff.org/medicaid/fact-sheet/where-are-states-today-medicare-and-chip/>). Finally, this chart from the Centers for Medicare & Medicaid Services helpfully lists various eligibility levels for the states, based on modified adjusted gross income (MAGI) (<http://www.medicare.gov/medicaid-chip-program-information/program-information/downloads/medicaid-and-chip-eligibility-levels-table.pdf>).

Maintaining Medicaid as a source of Lifeline phone eligibility is essential given the critical role these phones play in delivering key clinical programs that improve health outcomes for Medicaid recipients. Unlike qualifying under SNAP (Supplemental Nutrition Assistance Program), when people qualify for Lifeline through Medicaid, they not only get phones but, correspondingly, the phones give them access to these clinical programs that directly impact their health care. For example:

- Phones supported by Voxiva and TracFone are used to deliver health messages by text such as week-by-week reminders during pregnancy; appointment reminders; immunization reminders; information on nutrition and exercise; information for ensuring that patients take their medications; referrals to other health and safety net services; and important alerts from state public health officials. According to Voxiva, the texting program has improved a range of health-related measures – from better immunization rates, healthier blood glucose levels and better rates of well visits to lower rates of alcohol use and smoking among pregnant women.
- For Centene, the *Start Smart For Your Baby® (SSFB) Texting Program* has shown similar encouraging results. In fact, this innovative program was the Medicaid managed care health plan best practice recognized with The Children's Health Award by Medicaid Health Plans of America (MHPA) in 2014. The MHPA Children's Health Award is conferred upon the practice that best embodies Medicaid health plans' commitment to quality in children's health.

SSFB is a component of our comprehensive Start Smart For Your Baby Care Management program that was created in 2008. The Texting Program was rolled out in January 2012 and aims to improve maternal and infant health by providing timely health information, resources and reminders to members during their pregnancy and continuing for six months after birth. Our analysis indicates that the program encourages breastfeeding and increases prenatal, postpartum and infant well-child visits for our Medicaid members, resulting in better health outcomes. (See details of this case study in Attachment 1, which was also published in the MHPA 2014-2015 Best Practices Compendium).

- Another best practice clinical program that Centene's Medicaid members with Lifeline support have access to is: *Fluvention® Texting Program: Improving influenza vaccination rates through text messages to SafeLink® phones*. The Fluvention Texting Program uses a fast and effective communication medium – text messages to SafeLink phones – to tell members about the importance of influenza, or flu, vaccinations. The use of SafeLink phone numbers is a cost-effective way to reach a large set of members through free text messages. This program aims to increase the number of members receiving annual flu vaccinations.

A case study on Fluvention, also published in the MHPA 2014-2015 Best Practices Compendium and based on the 2013-2014 flu season, demonstrated impressive results establishing text messaging as an effective medium to quickly reach members and motivate them to get vaccinated. Specifically, the flu vaccination rate was 10.5% for those who received any text messages compared with 9.3% for those that did not receive text messages, showing a significant impact of sending text messages ($p < .05$). This program has made a difference in the lives of members by providing continual reminders about the importance of flu vaccinations and letting members know where to receive them. Additionally, members who are vaccinated as a result of this program offer protections to others who live and interact with them. Thus, this program's benefits extend beyond the member and helps protect the population.

- Lifeline phones also promise health-related spillover benefits even when they are not part of a specific clinical program – such as offering Medicaid beneficiaries a means to contact primary care physicians, nurse help lines, member services from their health plan, or even dial 911 in an emergency.

In sum, Centene strongly recommends that FCC retain Medicaid as a qualifying program for Lifeline. To do otherwise would interrupt excellent clinical programs that are using the technology of smart phones to successfully attack the very population health issues and health disparities that our nation has made it a priority to address.

Thank you again for the opportunity to comment on this important matter. If you have questions or would like further information from us, please contact me at jdinesman@centene.com or 314.505.6739.

Sincerely,



Jonathan Dinesman

Senior Vice President, Government Relations

Attachment 1: Start Smart For Your Baby® case study

ATTACHMENT 1: START SMART FOR YOUR BABY® TEXTING PROGRAM

Name of Program

Start Smart for Your Baby® Texting Program

Organization Name

Centene® Corporation

Program Description

The Start Smart For Your Baby® (SSFB) Texting Program is a component of our comprehensive Start Smart For Your Baby Care Management program that was created in 2008. The Texting Program was rolled out in January 2012 and aims to improve maternal and infant health by providing timely health information, resources and reminders to members during their pregnancy and continuing six months after birth. Specifically, the program's goals are to encourage breastfeeding and increase prenatal, postpartum and infant well-child visits for our Medicaid members.

What was the problem you were trying to address with this program?

In 2010, we determined breastfeeding initiation rates among many of our health plans were lower than the national average of approximately 75%.¹ Increasing these rates was important because of the benefits breastfeeding has. Studies have shown breastfeeding helps protect babies from infections such as earaches, coughs, colds, and diarrhea. It also helps protect against diseases later in life. Adults who were breastfed as babies have less tendency to become overweight as well as a lower chance of getting diabetes, asthma, childhood leukemia and some other cancers. Moms who breastfeed also have less chance of getting ovarian cancer, breast cancer, and diabetes.² We also saw prenatal and postpartum visit rates were lower in the Medicaid population. In response, the Start Smart For Your Baby Texting Program was developed to communicate the benefits of breastfeeding, share other prenatal and postpartum health tips and send reminders about doctor visits and certain health plan benefits to our members who are pregnant or have just delivered. With the digital divide closing across all ages and socio-economic groups, we find that online and texting services are increasingly effective in reaching and engaging our target population.³⁻⁴

Program Objectives

- ☒ Improve quality of care in a specific clinical area, i.e. prenatal care, diabetes, asthma, etc.
- ☐ Other: Increase breastfeeding rates, prenatal, postpartum, and well-child visit rates among our member population.
- ☒ Other: Educate our members who are pregnant or have just delivered on healthy prenatal and postpartum care for them and their baby.

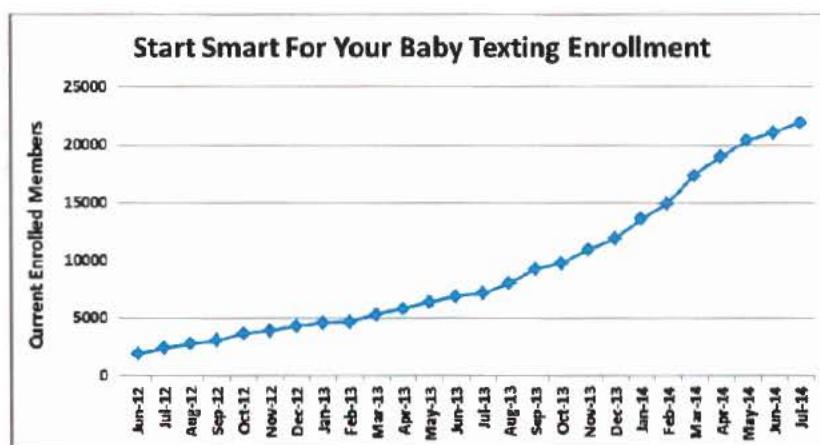
Actions Taken

We developed a thorough and comprehensive text campaign to target our members who are pregnant or have just delivered and who agreed to participate in the program. Members may opt out of the text campaign at any point by texting back STOP. A concurrent email campaign with more detailed information is also available to members. All text messages and emails are individually timed to each member's due date or baby's date of birth so information is received when it is most relevant. Members receive one text message every two weeks during pregnancy through six months postpartum. We worked closely with obstetricians, pediatricians and clinicians to determine which information was most important to send at each interval.

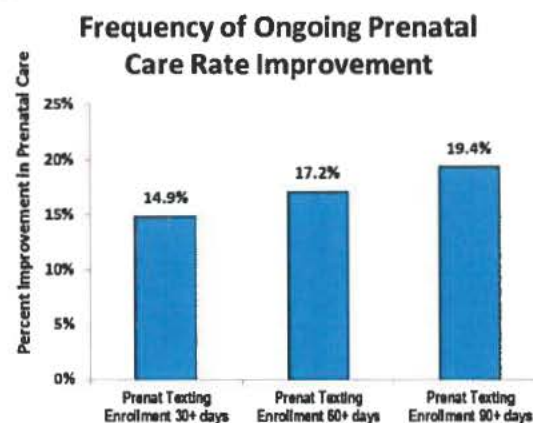
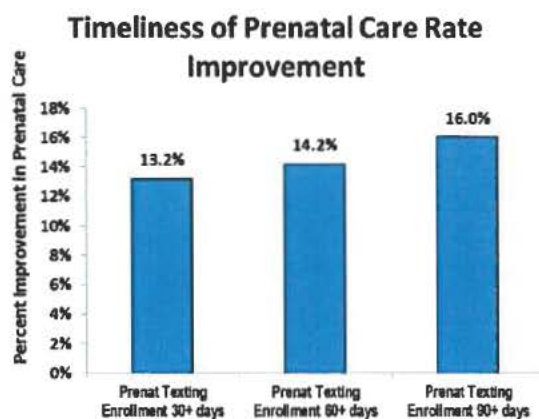
The text messages include critical information about a variety of important topics, including talking to your doctor during prenatal visits and scheduling postpartum visits. We also remind them of well-child visits, immunizations, healthy nutritional habits for pregnancy, tips for feeling better during pregnancy, baby feeding tips, and the benefits and importance of breastfeeding. As we will show, we had impressive success with our Texting Program to increase breastfeeding and HEDIS rates for members in the program. The program has been well-received with 94% of members who responded to a question at the end of the program finding the texts somewhat helpful or very helpful.

Outcomes

Over the life of the program, more than 476,700 text messages have been sent out to over 37,000 different members across 16 health plans, and over 24,700 Texting Program participants have delivered babies. Nearly 22,000 members are enrolled in the program.

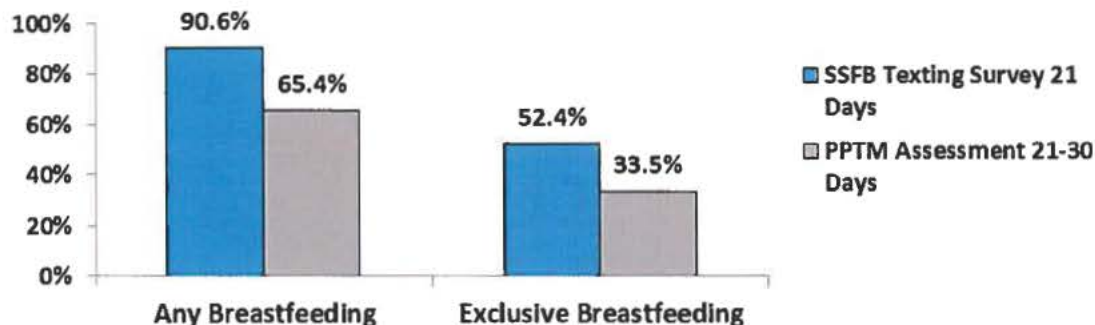


One goal of the texting program is to improve prenatal visit compliance. We compared the HEDIS rates for timeliness of prenatal care and ongoing prenatal care for members participating in the Texting Program with the same HEDIS rates for the overall member population. **HEDIS rates for timeliness of prenatal care were 16.0% higher ($p < 0.01$) and HEDIS rates for ongoing prenatal care were 19.4% higher ($p < 0.01$) for those in the Texting Program at least 90 days during the prenatal period compared with members not in the program.** In addition, longer participation in the program was correlated with higher rates in both prenatal care metrics ($p < 0.01$).



The Texting Program also incorporates an optional survey to assess the program's effect on member breastfeeding rates. To date, over 2,000 members have completed the survey. Compared with a control group of members who completed postpartum assessments, **25.2% more breastfeeding survey respondents (90.6% vs 65.4%) maintained some amount of breastfeeding at 21 days post-delivery** ($\chi^2=331.3$, $p<0.001$). Furthermore, **18.9% more breastfeeding survey respondents (52.4% vs 33.5%) were exclusively breastfeeding at 21 days post-delivery** compared with the control group ($\chi^2=118.4$, $p<0.001$).

Percentage of Mothers Breastfeeding



Members in the Start Smart For Your Baby Texting Program had improved HEDIS rates and higher initiation and maintenance of exclusive breastfeeding. We continuously strive to improve the program by requesting feedback from members and engaging healthcare providers to identify opportunities for additional communication. The Texting Program has been well-received by our members, and 94% of members who responded to a question at the end of the program found the texts somewhat helpful or very helpful. Further, most members who deliver during the program participate for at least two months, suggesting our Texting Program is valuable to our members. Centene Corporation is constantly evaluating innovative approaches, including the Start Smart For Your Baby Texting Program, to engage members and convey important and relevant information to impact health behaviors and improve quality of care.

We believe this program made a difference in the lives of our Medicaid members because we educated them on the benefits of breastfeeding, how to have a healthy pregnancy and how to remain healthy postpartum. We found many of our members did not know or understand the benefits of breastfeeding; therefore, explaining the benefits to the member will encourage the member to do what's right.

Geographic Location

This program took place in the following: California, Kansas, Missouri, Illinois, Georgia, Indiana, Mississippi, Ohio, South Carolina, Texas, Washington and Wisconsin

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